

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 JAN 21 PM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000080839

1. Limited Liability Company's Name

Tommy 1540 LLC

2. Principal Office Address - No P.O. Box #

4516 Francis Drive

Suite, Apt. #, etc.

3. Mailing Office Address

SAIME

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

47-2778962

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Edward Lovejoy

Street Address (P.O. Box Number is Not Acceptable)

4516 Francis Drive

Suite, Apt. #, Etc.

City

Delray Beach FL

State

FL

Zip Code

33445

800268614639

01/21/15--01027--010 \*\*5.00

800268614639

01/21/15--01027--009 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

x Edward Lovejoy

REGISTERED AGENT MUST SIGN

Date 1-12-15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Edward Lovejoy	4516 Francis Drive	Delray Beach FL 33445

REINSTATEMENT

0014

MW 1-21-15

11. E-mail Address: x LOVEJOYEDWARD@HOTMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

x Edward Lovejoy

Date 1-12-15

Daytime Phone #

561-906-1961

Typed or printed name of signing Authorized Representative/Manager

EDWARD LOVEJOY